

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14185

State File No. ....

FILED APR 21 1955

BIRTH NO. ....

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 544

Registrar's No. 817

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission?) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kirkwood</b>		c. LENGTH OF STAY (in this place) <b>D.O.A.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>Route #1</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Otilia</b> b. (Middle) <b>E.</b> c. (Last) <b>Kopp</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 7, 1955</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 28, 1886</b>
9. AGE (In years last birthday) <b>68</b>		10. MONTHS <b>4</b>	11. DAYS <b>9</b>
12. IF UNDER 24 HRS. Hours Min.		13. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home, xxx</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Hermann, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Henry Geringer</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Alois F. Kopp</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Alois F. Kopp, R.R.1, Manchester, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Arteriosclerosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331x</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <b>4-7</b> 1955 to <b>4-7</b> 1955, that I last saw the deceased alive on <b>4-7</b> 1955 and that death occurred at <b>9:50 P.M.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>Royal C. McKen MD</b>		23b. ADDRESS <b>126 E. Jefferson</b>	
23c. DATE SIGNED <b>4-8-55</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>April 11</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Peter's</b>	
24d. LOCATION (City, town, or county) (State) <b>Kirkwood Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Louis H. Bopp</b>	
25. ADDRESS <b>Kirkwood</b>		DATE REC'D BY LOCAL REG. <b>4/10/55</b>	
REGISTRAR'S SIGNATURE <b>Rebecca L. Romberg</b>		DATE REC'D BY LOCAL REG. <b>4/10/55</b>	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Felix Hurand* .....

Licensed Embalmer No. *3034*

P. O. Address *Kirkwood*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.